

| POSITION                         | 1. IALS | ID NO. | DATE    |
|----------------------------------|---------|--------|---------|
| <b>FEE DETERMINATION</b>         |         |        |         |
| <b>O.P.E. CLASSIFIER</b>         | ✓       | ✓/S    | 5/4     |
| <b>FORMALITY REVIEW</b>          |         |        |         |
| <b>RESPONSE FORMALITY REVIEW</b> | ✓/A     |        | 4-24-01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 3/11/01 |
| 2     | ✓     | ✓        | 3/11/01 |
| 3     | ✓     | ✓        | 3/11/01 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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